PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS this fappropriate. All furtions indicated unless corrected maintenance fee notifications.	orrespondence including	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	E FEE and PUBLIC ders and notification) specifying a new of	CATION FEE (if not not of maintenance fee correspondence address addre	equired). Blocks es will be mailed ess; and/or (b) in	I through 5 s I to the current adicating a sep	hould be completed correspondence add arate "FEE ADDRES	where ress as SS" for
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	vtor	ATTORNEY	DOCKET NO.	CONFIRMATION N	10.
09/904,610	07/12/2001	- L	Wayne D. Jung		JJL-9	9602F	2973	
FITLE OF INVENTION:	APPARATUS AND MI	ETHOD FOR MEASURI	NG THE COLOR O	F TEETH				
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EXAMINER ART UN			CLASS-SUBCLAS	s		\$1,00	9	
LEWIS, RA	ALPH A	3732	433-026000					
Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	ndence address (or Char. 122) attached. atton (or "Fee Address" or more recent) attached.	(1) the names of or agents OR, alto (2) the name of a registered attorne 2 registered paten listed, no name w	single firm (having y or agent) and the t attorneys or agents ill be printed.	as a member a names of up to . If no name is	23	document has been fi		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MORTON GROVE, TLHNOIS								
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	🗆 Individual 🎗	Corporation or	other private gr	oup entity Gove	rnment
Aa. The following fee(s) and substantial states are the following fee (No Publication Fee (No District Advance Order - #	re submitted: small entity discount prof Copies	A check is enclo Payment by cred The Director is h	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
	SMALL ENTITY status	s. See 37 CFR 1.27.		o longer claiming Si				
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Authorized Signature _	Afour	levll		Date	2/6/0	7		
Typed or printed name	ALAN	R- LOUDER	PMILK	Registration	on No. 32	1788		•
This collection of informa an application. Confidenti- submitting the completed his form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231 Jnder the Paperwork Redu	3-1430.							rocess) ng, and implete ie, P.O. x 1450,

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